

REGIONAL CONSULTATIONS ON ACCESS TO BASIC SOCIAL SERVICES

In Sahel countries, where 40% of the population lives below the poverty line, there are blatant inequalities in terms of access to quality basic social services. The border area between Mali, Burkina Faso and Niger is a worrying case because it is experiencing an unprecedented humanitarian crisis marked by multiple vulnerabilities due to the long-lasting structural gap in the provision of basic social services. To pre-existing development stakes you add today a multi-faceted, security, humanitarian and environmental crisis. The security crisis further limits access to basic social services, by leading countries into a vicious circle, lack of development bringing about conflicts and insecurity, making any development difficult and exacerbating inequalities.

1. STATE OF PLAY OF ACCESS BY POPULATIONS TO BASIC SOCIAL SERVICES

1.1. STATE OF PLAY IN TERMS OF NEEDS

Health and nutrition

Early 2020, in the Central Sahel, 4.3 million people were in need of emergency health assistance and more than 3.9 million people were in emergency nutrition assistance.¹ Acute malnutrition is the cause of mortality for more than half of under-five children. Burkina Faso, Mali and Niger keep showing alarming rates of acute malnutrition and even in some areas global acute malnutrition rates are recorded beyond the humanitarian emergency threshold (>15%).

Most of the population does not have access to walking distance operational health services in the Central Sahel, there is still poor access to health in the area of Liptako-Gourma²; the whole area is well below the minimum thresholds recommended by WHO as regards the ratio health professionals/inhabitants.³ The infant-juvenile mortality rate is almost everywhere higher than national averages. The fluctuating presence of medical staff leads notably to a poor vaccine coverage against avoidable diseases. Accordingly, transboundary epidemic outbreaks such as meningitis, measles and cholera are frequently recorded. This poor access to health-care deprives also the most vulnerable people from treatment (pregnant and lactating women, infants, children, elderly people, people living with a physical or mental disability and those suffering from chronic diseases such as HIV).

Water, Hygiene, Sanitation (WASH)

Early 2020, more than 5 million⁴ people were in need of emergency assistance in the Central Sahel due to a lack of structural access to services and this number keeps on increasing with the expansion of conflicts and forced displacements, and the COVID-19 outbreak. In Mali, northern and central regions which have hosted 96% of displaced persons have all water access rates below 60%.⁵ In Niger, access to water in rural areas stands at 46% and open-air defecation remains the rule with less than one household out of ten (4,3%) having access to latrines.⁶ In Burkina Faso, WASH needs

¹ HNO 2020, Burkina Faso, Mali, Niger

² Except the region of Gao/Ménaka

³ The regions of Tillabéri and Mopti, followed by the Sahel region, record the biggest gap in terms of health professionals. There are respectively more than 8,000, 5,000 and 4,000 inhabitants per health professional in those regions.

⁴ According to HNO 2020, 1,4 million in Mali, 1,9 million in Burkina Faso and 1,7 million in Niger.

⁵ For instance, more than one person out of two does not have access to water in the areas of Gao (44%) and Kidal (38%) [HNO Mali 2020](#), p62.

⁶ [HNO Niger 2020](#), p56.

have increased by more than 300% from 2019 to 2020⁷ namely due to the influx of displaced persons⁸, without a corresponding increase of the number of water points or latrines. The over-use of WASH works available leads to an increased degradation of water infrastructure, more frequent breakdowns⁹ and hours of waiting and trip times¹⁰.

This lack of access to water impels some populations in using surface waters such as streams or unprotected wells thus exposing themselves to water-borne diseases.¹¹ This risk is increased by the lack of latrines and hygiene, in some areas which have already experienced several cholera outbreaks and experience today the risk of COVID-19 spread.¹² In such a context of lack of water but also soaps, establishing barrier measures to prevent the spread of COVID-19 is particularly tricky. If quarantine measures have fairly rapidly been lifted, the weight of the pandemic on the economies of the region could have negative impacts on resources available in the WASH cluster.

Basic services are inter-related. Thus, about WASH, for instance, there is a gap in health centers and schools, in a COVID-19 context. Likewise, access to water is a major stake for economies, mainly farming and pastoral ones.

Education

In the Central Sahel region, children and the young face considerable obstacles to access to education.¹³ Insecurity is additional to structural issues such as the lack of school facilities, the lack of teachers and some socio-cultural factors (namely early marriages and pregnancies as well as child labor). With the COVID-19 pandemic, schools have been closed since the end of March, leaving more than 13 million students without any educational opportunity¹⁴. This has reduced to rubble the efforts made over the years to enroll children and places at risk the return to school for the most vulnerable. The lowest literacy rates in the world are recorded in the Sahel. This is a barrier for the interest and involvement of parents in the schooling of their children. Out-of-school children (out-of-school and not in school children) and those going to school intermittently are exposed to increased protection risks: sexual violence, early marriages and pregnancies, child labor, forced enrollment in armed groups, drugs consumption and traffic. Girls are especially at high risk¹⁵. Without education, children may get married 3 years earlier than those being educated¹⁶.

7 WASH Cluster Burkina Faso, Plaidoyer pour le WASH-Urgence au Burkina Faso.

8 The number of displaced persons has skyrocketed in Burkina Faso between 2019 and 2020, 54% of displaced persons finding shelter in rural communities and 46% in cities. The population of five cities hosting the highest number of displaced persons has thus increased from 18% in Fada N’Gourma (Eastern region) to more than 169% for Djibo (Sahel). The twenty communities hosting the highest number of displaced persons have thus seen their average access rate to water drop from 63% before the arrival of displaced persons to 44%. Access to sanitation went from 23% to 14% in those 20 communities. (Advocacy memorandum for emergency WASH in Burkina Faso)

9 In Niger, the breakdown rate in the region of Tillabéri for example is almost 13% compared to a national average of around 8%, Niger HNO 2020, p56

10 In more than 18% of localities assessed by the REACH study covering the three countries in March 2020 (and nearly 70% of localities of the Sahel and central North), the populations walk for one hour to fetch water.

11 In 26% of localities covered by the REACH study, this type of sources represents the main water sources for populations.

12 Most of the populations in 72% of localities assessed by REACH do not use latrines (80% in Niger) and populations say they wash their hands with soap or ash in only 13% of assessed localities. The current rainy season is likely to increase risks of epidemics spread and deteriorate further WASH facilities while the dry season still increases the need for water.

13 <http://data.uis.unesco.org/>

14 UNICEF WCARO (7 April 2020): WCARO Impact of COVID-19 on Education

15 In Niger, more than 75% of women are married before the age of 18; 52% in Mali and in Burkina Faso. (Child Not Brides : L’éducation ; clé de la fin du mariage des enfants au Sahel)

16 UNICEF (January 2015): The Investment Case for Education and Equity

Food security and Livelihood

According to the forecasts of the Harmonized Framework updated in July 2020, it is estimated that, for the three Central Sahel countries, 6.6 million of people would suffer from food crisis or worst over the period June-August 2020¹⁷. The three Central Sahel countries have recorded an average increase of severe acute food insecurity by 142%¹⁸ compared to the same period in 2019.

According to the context integrated analyses (CIA) carried out by WFP in the three countries, nearly 58% of individuals in the area have been living in geographic areas stricken by a high recurrence level of food insecurity since 2013; more than 40% live in areas where there is an average recurrence level to food insecurity.

Food insecurity is particularly linked to insecurity, climate change and its hazards, but also to land pressure. Besides, the three countries have experienced a production drop during the farming campaign 2019/2020 due to infestations of fall army-worms¹⁹ and the region is currently facing the threat of locust invasion. Finally, the pastoral situation remains worrying with a deficit in fodder production in many regions²⁰.

It should be noted that most of the inhabitants of rural areas affected by the security crisis are agro-pastoralists, who obtain the majority of their income and food from their means of existence. The security crisis is causing a very strong deterioration of individual assets as well as community infrastructure (markets, irrigation systems, etc.) which are fundamental to the socio-economic fabric of the region.

1.2. ANALYSIS OF THE MAIN VULNERABILITY FACTORS AND BARRIERS TO ACCESS TO SERVICES

Poor governance and insufficient provision of basic social services

The crisis in the Central Sahel is above all a development crisis. The region's countries have been facing for many years a weakening of basic services due to State withdrawal from public services, the lack of investment, administrative incapacity, combined with governance issues and structural social as well as territorial inequalities.

- Population access to health-care is particularly impacted by: the cost of services, despite efforts for free health-care, which, if recognized in instruments, is not sufficiently implemented, notably due to a lack of means; difficulties in the supply of essential medicines and other medical as well as technical inputs to health facilities; the lack of human resources in quantity and quality. Medical staffs such as teachers are often on strike to protest against poor working conditions²¹. As regards nutrition, the effective integration of nutritional services in the provision of basic care at State level (still considered as a humanitarian cluster) keeps on being a major challenge particularly regarding psycho-social services.
- Concerning WASH, a great number of boreholes built are dry; there are major obstacles due to the lack of hydro-geological data and huge costs required to drill up to very deep sources. The lack of investment in the cluster does not allow a more systematic use of more autonomous technologies such as solar pumps, which could yet improve the sustainability of works in areas subject to climate hazards.

¹⁷ Nearly 5.5 million people over the whole three countries (Burkina Faso, Mali and Niger)

¹⁸ Burkina Faso +213%, Mali +142%, Niger +71%.

¹⁹ With approximately 94,000 ha infested in Burkina Faso and 267,883 ha in Mali in 2019.

²⁰ For example, a deficit in fodder production of 11 millions of tons of dry matter in the pastoral area of Niger, namely in the far-east of the country.

²¹ In Mali and in Burkina Faso in 2019-2020, teachers' demonstrations claiming better salaries for the education staff have also caused delays in the school calendar reaching sometimes several months.

If, in urban areas, one may find well-built and equipped schools, it is more frequent to find schools under straw huts in villages thus exposing students and their teachers to precarity. In the education cluster, the impacts of a poor governance are evidenced, for example, by the evasion of non-salary liquidities and learning materials, poor resource allocation, bad teaching staff management (like problems high absenteeism and low motivation of teachers). Cluster policies do not respond to the major obstacle which is children / girls marriages and early pregnancies.

- Food insecurity is also concerned by those structural weaknesses, with irrelevant farming policies, an under-financed rural sector in competition with food importations; inadequate production means and techniques non-adapted to climate changes.
- Regarding national social protection systems, despite the development of national social protection strategies in the three Central Sahel countries, with the support of partners, a lot still remain to be done: social registers are still very recent and must be extended: the institutional roles of governmental actors involved in adaptive social protection systems are not sufficiently defined, what hinders coordination; response strategies and operational procedures are not well included in emergency response plans to respond to shocks; the existing early warning systems must still be enhanced to provide on a regular basis reliable information in a timely manner. Presently, those systems do not allow neither stamping out structural poverty nor preventing risk groups from falling into poverty in case of crisis.

Sahelian governments' budget and tax choices do not allow raising sufficient resources to finance quality public services for all, nor reduce income inequalities in the population. Thus, over the recent years, the three Central Sahel countries experienced a decrease of their budget dedicated to WASH, health and/or nutrition. Public financing mechanisms in education have been improved. However, allocated budgets remain insufficient considering the needs, namely considering destructions of schools in crisis areas²². The investment of those countries in social assistance programs remains too limited to ensure a rapid and effective scaling-up and operationalization²³.

Finally, decentralization has sometimes favored clientelist local policies at the expense of nomad communities which are deprived of services relevant to their social practices, or even to access to lands whose use was until now mixed and differentiated depending on seasons. This decentralization led simultaneously to State disengagement from its role of guardian of communities' interests. There is a need for action to build State capacity to control the action of local authorities as part of the integrated territory development for the benefit of all society groups for public interest.

Inequality in access to social services and access to resources

Public education, health and social protection services leave out a major part of the population, marginalized or discriminated. Firstly, the poorest, who do not have the means to access to health care, or have an extremely low schooling level. Then, girls, who for instance are not retained long enough in the school system. Rural populations, who have an extremely poor access to health and water, hygiene and sanitation, and extremely limited training as well as job opportunities. Hunger is affecting primarily the poorest populations, who do not have access to land nor to other productive resources and do not have the financial means to access to healthy food.

Despite the overall increase of financing in the farming sector, small-scale farming and young rural dwellers, public goods and services, are too often excluded from investments. While cattle-breeding accounts for nearly one third of the farming GDP, it only receives 10% of expenses dedicated to agriculture²⁴

²² In 2019, the budget share allocated to the education sector in Burkina Faso stands at 22.76%, against 23.29% in 2020, thus demonstrating an effort from the government to guarantee the right to education for all.

²³ 0.58% of the GDP in Burkina Faso, 0.18% in Mali and 0.14% in Niger.

²⁴ OXFAM, Sahel: Fighting inequality to respond to development and security challenges, July 2019.

The escalating number of conflicts in the region is less related to the diminution of available resources than the change of production systems generating badly regulated competition around Access to ever more coveted resources²⁵. The lack of solutions brought by the State or local authorities or solutions perceived by the deceived party fuel frustrations with regard to the State, or arouse even a feeling of relegation/discrimination along ethnic, religious, gender or political lines. If until a relatively recent period traditional regulation mechanisms have allowed filling State gaps, deep changes both sociological, demographic, but also climatic and environmental affect today sustainably and definitely those mechanisms²⁶.

Insecurity

While State services were basically poor, the humanitarian space was considerably reduced in 2018 and 2019 due to insecurity, no longer allowing the State to provide a minimum of services. On March 2020, according to FAO regional response plan, April 2020-April 2021, more than 1.2 million people are displaced. Refugees and internally displaced persons suffer particularly from lack of access to basic services and are, additionally, facing protection risks. For the time being, those populations are hardly taken into consideration in national and local development plans as well as in national social protection systems. The actions taken by governments to limit the extension of armed groups' influence and regain control over territories have direct impacts on populations and access to basic services. In Burkina Faso, Mali and Niger, the state of emergency established since 2018 is reflected by the prohibition of circulation of motorcycles and pickups, yet essential to access to basic social services.

- Between April 2017 and June 2019, in the Central Sahel countries, school closures assignable to violence were multiplied by six²⁷, from 512 to 3,005²⁸. More than 20 direct attacks against schools and educational staff were reported during summer school vacations in Burkina Faso and the start of the new school year in Niger and Mali, between July and October 2019. Among all closed schools, only one part suffered from direct attacks or threats; the others close for fear of reprisals and because teachers left²⁹. Out of fear, some parents withdraw also their children from schools. In such insecurity context, children suffer often from psychological stress affecting their capacity to learn and absorb new information.
- In Liptako Gourma, nearly one person out of five reports not being able to reach water points for fear for their security. The flight of technicians prevents the maintenance of works; supplies of equipment, inputs and fuel are disrupted, thus shutting down many water networks. Available information for areas out of State control is still largely insufficient.
- Access to health is also hampered by the insecurity over routes and attacks against health centers (leading to the closure of a great number of them³⁰

25 International Crisis Group, Le Sahel central, théâtre des nouvelles guerres climatiques ?, avril 2020.

26 The coexistence of customary law and State law and the duality of arbitration bodies create a legal uncertainty making it difficult to settle local conflicts. Customary standards are slow to adapt to new conflict dynamics and conflict resolution mechanisms are overall losing strength, although this is not true everywhere. The relative effectiveness of conflict resolution mechanisms has an impact on their prevalence, which fluctuates according to areas.

27 L'éducation en péril en Afrique de l'Ouest et centrale ; UNICEF, Août 2019

28 On March 2002, according to the Education clusters of each country, 4,074 schools were closed due to direct attacks or threats, affecting more than 1.4 million children adding to the 9.36 million children who are out of school accounted for only in Mali, Niger and Burkina Faso because of structural barriers.

29 In Burkina Faso for example, health agents relocated towards urban centers following attacks and targeted assassinations in the Sahel and Northern regions, humanitarian access.

30 In Burkina Faso on April 2020, 11% (133) of health facilities were closed and 13% (156) operated at a minimum level in the six most affected regions by the security crisis thus depriving more than 1.5 million people from access to primary and secondary health care. Source: UNICEF.

The external and internal population movements exacerbate poverty and promiscuity, degrading further already precarious sanitary conditions and creating conditions favorable to the rapid spread of epidemics. They put pressure on already fragile health and WASH services and lead to the increase of maternal and infant-juvenile morbidity and mortality. They also have a strong impact on the two main livelihoods of populations, on farming activities and cattle-breeding. The erosion of livelihoods speeds up the degradation of food insecurity.

Climate change

The Central Sahel region (Mali, Burkina Faso and Niger) is perceived, since the droughts of the 70's-80's, as a fragile ecological space. In the Sahel, temperatures go up 1.5 faster than any other region in the world. Droughts are common.

Grounds and the green cover get degraded year to year, what might affect the region's economy based mainly on agro pastoral production and involves nearly 80-90% of the population. Rural populations are particularly affected by the impacts of climate change such as the increasing extreme weather events, the deregulation of the water cycle and diminution of soil and green cover fertility threatening the livelihoods and food security of communities living from fishing, agriculture and cattle-breeding. The induced challenges for cattle-breeders persist several years, characterized by early and prolonged deficits in fodder and limited water access for livestock. The border area of the three countries is also prone to recurring floods in winter season. Land degradation, the silting up of hydrographic basins and extreme rainfalls compound this event. 68% of level 2 administrative areas of Liptako-Gourma have average or high exposure levels to natural shocks.

To structural causes you add for several years exogenous factors which feed off each other and worsen inequalities and injustices: the lack of development fuels conflicts, and in return, violence hampers development.

1.3. STATE OF PLAY OF RESPONSE

Due to the nature of crises it faces, the Central Sahel region should be a pioneer for the establishment of the humanitarian / development nexus. The nexus relevance is widely admitted, but its effectiveness is hard to achieve.

Presence and role of State services in security crisis areas

In terms of basic service continuity, faced with the growing insecurity situation, most public services are no longer provided, as seen above. There is an effort made on education, with the establishment of strategies to retain children at school.³¹ These initiatives are commendable, but are challenged by structural issues, such as the lack of access to a computer, to Internet or to a mobile network³². The digital divide, namely for children living in displaced persons or refugee camps, does not enable the most vulnerable families to benefit from those initiatives.

Every year, prior to the lean season, West Africa States develop national response plans to food insecurity, based on the Harmonized Framework analysis. Over the recent years, the process has been significantly improved, but there are still blatant gaps, such as: the response time with regard to an emergency; a response focusing essentially on impact reduction instead of determinant reduction; targeting, or how to differentiate cyclical food insecurity and structural insecurity³³.

³¹ In Burkina Faso, in 2019 one national schooling strategy in areas with strong security challenges (SSEZDS) 2019-2024 was developed. In Mali, the Education Ministry, with the support of partners, has developed a national special schools program entitled « Accelerated Schooling Strategy » and has included « Education for peace-building » in its new « Ten-year Education Development Program ». Niger is in a validation process of a national vulnerability reduction policy of the education system.

³² In sub-Saharan Africa (and the Sahel is no exception) 89% of learners do not have access to a home computer, 82% do not have access to Internet and nearly 28 learners live in areas not served by mobile networks.

Foreign aid: humanitarian response and development

The growing instability over the recent years combined with the lack of flexibility of development tools compelled humanitarian actors to respond not only to the immediate needs of populations, but also provide basic social services such as health, education and water, hygiene and sanitation in sustainable crisis or population displacement contexts over the long-term, like in the Central Sahel. Besides, sanitary crises such as the one related to COVID-19 pandemic have compounded the preexisting fragilities of systems and infrastructure in place. Hosting uprooted populations requires specific efforts of systems in place which are saturated by inflows of populations. Development aid, in support of these national systems, may thus have a role to play in crisis prevention. The linkage between emergency and development becomes, in this respect, increasingly important in fragile contexts.

As regards health, a good deal of primary health care (human resources, sanitary infrastructure with WASH, financing, governance and care) in insecurity areas is partly vested in humanitarian actors, namely NGOs in support of the State. However, due to limited financing and poor humanitarian access impacted by insecurity, there are significant gaps in the humanitarian response. Nutrition response in the Central Sahel countries strives to propose a package integrating preventive and curative services, to respond to emergency humanitarian needs, but also correct the underlying causes of malnutrition. This multi sectoral approach focuses on the strengthening of systems and communities and targets long-term impacts.

About the Education component, prior and during COVID-19, partners contribute with States in fighting against school-dropouts in Niger, Mali and Burkina Faso by proposing remedial courses and literacy courses to 9-13 year-old girls.

Humanitarian responses in WASH remain largely insufficient.³⁴ Women and girls fetch water and are particularly affected by waiting times, protection risks related to routes towards water points and potentially latrines and showers as well as the dramatic lack of sufficient and specific assistance namely for menstrual hygiene. WASH responses do not include yet enough the gender and cross-cutting protection issue.³⁵

A number of development projects target crisis areas such as the Emergency Program for the Sahel (PUS-BF) or various projects of the Sahel Alliance, but seem to encounter implementation challenges³⁶ namely due to access and presence issues but also the need for flexibility and reactivity. If the Sahel Alliance has undertaken to improve access to all basic services³⁷, it must be acknowledged a lack of transparency on the Alliance projects, their implementation and impact.

³³ RPCA, Evaluation externe de la charte PREGEC. Analyse de la performance et l'efficacité de la réponse aux crises alimentaires et nutritionnelles, octobre 2018

³⁴ In Burkina Faso, from January to June 2020, most of the people who received aid benefited from hygiene awareness-raising activities while only 22% and 11% of targeted people received assistance respectively in water and sanitation. From January to June 2020, members of the WASH cluster reached 543,403 people out of 1 million people targeted by the 2020 humanitarian response plan (HRP). However, most of the activities were "soft" hygiene activities which do not allow improving nor accessing to water and sanitation. Only 213,000 people were reached for water and 75,152 for sanitation, i.e. respectively 22% and 11% of progress to achieve the objectives of a response plan which does only target 45% of populations in need of WASH humanitarian assistance.

³⁵ Oxfam, *Survivantes et Héroïnes : Les femmes dans la crise au Burkina Faso*, mai 2020.

³⁶ For instance, the implementation of the PUS-BF which is only completed by 50% each year since its effectiveness, because of flexibility, financing and insecurity issues. <https://www.crisisgroup.org/fr/africa/sahel/burkina-faso/287-burkina-faso-sortir-de-la-spirale-des-violences>.

Role of the Private Sector

The collaboration with private sector actors remains too weak due to limited capacity to expand the coverage. Yet, they should be engaged and strengthened, as they can provide expertise and solutions to diversify response options, particularly for the social safety nets extension. Regarding WASH, in some areas, private actors have taken over and built water facilities to which access is then payable. Yet, the access cost to water, and the lack of jerry cans to collect it can also represent major challenges for the most vulnerable people, like in Burkina Faso. It is crucial to ensure that these private actors are therefore engaged in public policies for access to water, applying agreed and if possible progressive packages and prices, to enable the most vulnerable people to have access to water while facilitating the necessary fundraising to maintain the works.

Response-Impacting Constraints

Despite these different actors' responses, a number of constraints explain the persistence of gaps, starting with funding.

o A Humanitarian Funding Level too Low Compared to the Needs Scope

Clusters	% of required funding secured
Education	12.23%
Nutrition	15.31%
Health	10.05%
Food Security	12.53%
WASH	12.63%

In a context similar to that of Central Sahel, humanitarian needs are constantly increasing. Yet, in recent years, it must be acknowledged stagnation or even a decrease in funding for humanitarian response. At the end of July, the basic social services clusters are financed at best at 25% of the funding required, at worst at 7%, as shown in the attached table (humanitarian funding coverage required per cluster). Yet, the required funding targets only a portion of the identified needs.

Thus, even though response plans target only 45% of WASH needs in Burkina Faso and 58% in Niger, responses remain among the least funded sectors.³⁸

o A Need for Better Adapted to the Crisis Instruments (Mixed, Flexible and Multi-annual)

The funding type remains inappropriate for long lasting crises that are constantly evolving. Rapid Response Mechanisms (RRMs) make it possible to respond more quickly to new needs, but are struggling to find actors to ensure the second phase of the response beyond the three months of the RRM. There is currently no systematic and coordinated approach among donors to ensure a flexible and multi-annual response that would provide visibility for humanitarian actors and not leave vulnerable populations without assistance. Despite certain efforts and initiatives, the linkage between emergency humanitarian responses and longer-term responses remains insufficient and is not systematic. Development and humanitarian donors continue to operate according to different logics, objectives and particularly different principles, making it difficult to link the two types of responses. Mixed funding instruments such as the European Union Trust Fund could provide interesting opportunities, but are still guided by political or security interests rather than humanitarian needs and principles.³⁹

37 Sahel Alliance, sector-based memorandum Decentralization and Basic Services.

38 Financial Tracking Service for [Mali, Burkina Faso](#) and [Niger](#), accessed on July 28, 2020.

39 [The EU Trust Fund for Africa: Trapped Between Aid Policy and Migration Politics.](#)

o Insufficient Coordination

A Rapid but reliable identification of vulnerabilities based on the need rather than the status remains a challenge in some contexts in the region. On the humanitarian side, the COVID-19 crisis and the increased violence are challenging the concept of "vulnerability" traditionally accepted in the Sahel. Humanitarian coordination is not effective in identifying gaps and issues within clusters, and inter-sectoral coordination needs to be strengthened to improve alignment across clusters and between humanitarian and development actors. Therefore, clusters have a key role in identifying and harmonizing good practices, strengthening inter-sectoral coordination, and liaising with development actors working in these areas. The lack of visibility on the response plans of governments and the UN development side, and the limited access to COVID-19 specific funding for NGOs are as many coordination-related challenges that limit and slow down responses.

The lack of dedicated coordination resources in these three countries also limits the humanitarian actors' capacity to contribute to the operational expansion of social safety nets and to provide a rapid response based on detailed analyses. Cash Working Groups (CWGs) in the three countries do not have dedicated resources.

o Increased Challenges to Humanitarian Access

Finally, the many challenges to humanitarian access (see Thematic Note 3) considerably limit the access of populations to humanitarian aid, including for clusters related to basic social services.

2. RECOMMENDATIONS AND SPECIFIC REQUESTS / ROADMAP

The security crisis experienced in the Central Sahel is fueled by serious and long-standing structural failures, and requires all partners to act in a dual manner: HUMANITARIAN, for an immediate response to the needs of populations in terms of basic social services while including local development actors in the humanitarian action; DEVELOPMENT, by supporting the State in providing the required responses to the structural causes of the crisis, strengthening the resilience of communities and going beyond an essentially security-based approach.

Recommendations to Governments and State Services

- Develop sectoral or multi-cluster policies, strategies, plans and programs aimed at: on the one hand, rapidly and sustainably improving access to basic social services, particularly in conflict-affected areas and for the most vulnerable people; on the other hand, ensuring inclusive and equitable management of resources, particularly water. These strategies should be based on vulnerability and should be tailored to each specific context and capable of adapting to a sudden increase in needs or other context switches;
- Mobilize sufficient domestic financial resources proportionally to the increase and projected increases in needs and demography;
- Fund integrated social protection systems and ensure financial access for all to social services by establishing free, progressive payment and social safety net systems;
- To this end, identify innovative endogenous funding sources and support the funding of basic social services empowerment, and social assistance with fair, progressive and equitable fiscal justice; Determine strategies to fund crises responses in collaboration with donors;
- Establish mechanisms to monitor populations that no longer have access to services (IDPs, children and families left behind); Adopt access strategies, but also contingency strategies in at-risk areas to enable the continuity of basic social services in a context of limited access, in particular through: de-escalation efforts to intercommunity tensions between displaced and host communities; effective protection and justice for all civilian populations, without discrimination; the rehabilitation or development of road and transport infrastructure in certain regions particularly affected by humanitarian needs, to open up the population and enable access;

- Work to scale up and institutionalize local solutions for access to basic services and livelihoods through more inclusive normative frameworks that are better tailored to the realities of territories;
- Strengthen governance to support the improvement efforts in accessing to basic social services by establishing strong accountability mechanisms, decentralizing decision-making power, financial resources and technical skills, and involving local civil society in the development, implementation and monitoring of policies, plans, programs and projects on basic social services;
- Promote the consideration of new forms of participatory management (flexibility and prevention of conflicts and other natural disasters) while defining the annual budgets of local governments;

Recommendations to Humanitarian, Development and Peace-Related Actors

- Orient actions in a rationale for support by facilitating the transfer of skills and not substituting to State's actions;
- Regarding the humanitarian response, make clear commitments to increase coverage of targeted people (at least 80%), geographic convergence and scaling up by revising current response plans upwards;
- Make a collective commitment to participate in the coordination and strengthen clusters to:
 - Identify needs quickly and flexibly, based on vulnerabilities only;
 - Identify more systematically, transparently and collectively: the gaps and challenges that explain implementation delays; good practices in a context of crisis and difficult access; the most impactful responses, through systematic sharing of information, assessments and technical data, and the establishment of an options analysis process (based on feasibility assessments for all modalities);
 - Ensure effective accountability for the quality of responses provided and in particular effective compliance with response standards, including SPHERE standards;
 - Collaborate more closely with decentralized State services and local authorities, particularly to establish community engagement (CE) practices and systems, starting with dialogue and response systems for community concerns, including the representatives of all social groups;
 - Strengthen inter-sectoral coordination, particularly between the WASH, protection, health, education and food security/nutrition clusters;
- Adopt differentiated approaches according to the specificity of areas, and structural fragility factors, considering the multidimensional nature of the crisis and volatility of the context;
- Improve coordination between humanitarian and development actors at all levels, ensuring that existing resources and capacities are used at best to reduce long-term humanitarian needs and to strengthen the region's resilience assets;
- At the micro-local level: strengthen the functioning of existing consultation frameworks and create new synergies between them, in particular by enabling strong community participation as a key element in program planning and implementation - particularly for initiatives and partnerships requiring strong involvement of women and empowerment of youth;
- At the regional level:
 - Strengthen the State's capacity to support the actions of local authorities in the context of integrated territorial development that benefits all social groups;

- Promote greater inclusion of all social groups (women, youth, sedentary, nomadic, IDPs and refugees) in governance and decision-making processes;
- Ensure greater participation, ownership and management of responses by communities, particularly to improve responses in hard-to-reach areas;
- At national level:
 - Support governments to: put inclusion and community resilience at the core of national policies, develop and invest in policies to support basic social services; integrate and prioritize vulnerability factors and structural actions in national planning tools and budgets, in order to sustainably restore basic social services, particularly in the most remote areas;
 - Reduce and prevent crises, strengthen early warning systems and the capacity of governments (planning, finance and statistics services) to monitor multiple threats, including at the decentralized level, in order to better identify the "hot spots" to be prioritized. Encourage an investment policy in renewable energies and new technologies, based on learning;
 - Build on the existing tools of the national social protection system to support the development of actual adaptive social protection;
 - Invest in and develop sustainable solutions for refugees, IDPs and in sustainable support to migrants, returnees and host communities, as well as for other situations of recurrent vulnerability, in particular by ensuring their integration into social protection programs;
 - Strengthen the preparation of the so-called fragile areas to receive flows of IDPs and refugees;
- At the international level: re-establish the monitoring working group of the 5 Grand Bargain commitments on the coordination between humanitarian and development actors.

Recommendations to Donors

- Fund the humanitarian response plans (HRPs) at least at 80% and go beyond that to meet real needs (especially for WASH, currently the most underfunded cluster in the Central Sahel, and COVID-19);
- Beyond funding needs per cluster, mobilize resources to: establish and coordinate RRM (*Rapid Response Mechanism*), data collection, needs analysis, analysis of appropriate preparedness and response options, surveillance/early warning systems, humanitarian coordination, including inter-cluster coordination;
- Ensure that funded projects are gender and conflict-sensitive and integrate protection at least in a cross-cutting manner;
- Regarding the type of funding: increase flexible and multi-year humanitarian funding to ensure visibility and response capacity of humanitarian actors in protracted crises; Join the 'Common Donor Approach' where funds are allocated more rapidly and flexibly (especially for sudden-onset crises);
- Ensure more effective coordination of humanitarian donors to enable a better geographical and time distribution of funding and in particular to ensure the funding of the different response phases, including the systematic resumption of post-RRM responses;
- Strengthen coordination between humanitarian and development donors, particularly regarding responses in crisis zones; in particular:
 - Establish mixed funding mechanisms to support conflict-sensitive and context-specific projects, by linking life-saving responses to early recovery and community resilience building, and especially by including social cohesion activities at the community level;
 - Jointly evaluate long-term projects funded in crisis zones;
 - Ensure that development projects include: the required flexibility to cope with the changing needs and contexts; risk, access and contingencies plans analysis enabling to continue projects despite changes, in order to avoid negative strategies (such as the use of escorts) detrimental to acceptance;

- Develop outreach and visibility strategies to mobilize unconventional donors;
- Ensure that ODA is based primarily on: government social policies and more sustainable development models, drawing on local knowledge; analysis of needs and vulnerabilities, in order to ensure a rebalancing in favor of marginalized territories; ensure a clear separation between "humanitarian/development" and "security/stabilization" funding;
- For creditor States, propose immediate debt cancellation for Central Sahel countries and invite private creditors to do the same;
- Support technically and financially the States to develop multi-cluster and multi-year strategies to support basic social services that guarantee equitable, transparent and inclusive management, particularly in crisis areas, and ensure access for all, including women and girls and the most vulnerable; in areas where the States cannot implement this strategy due to the presence of armed groups, support humanitarian workers to provide these services;
- Make of the maintenance of the national budget allocated to basic social services a criterion for the conditionality of budget support;
- Support technically and financially the States to establish risk analysis, monitoring and accountability mechanisms in order to measure the impact of military operations on the basic needs of populations, including access to social services, and on livelihoods.

Recommendations to Regional Institutions:

- Coordinate the institutionalization and mobilization of the financial resources required for the regular holding of multi-cluster cross-border consultation frameworks bringing together actors at all levels (national, regional, and local);
- Support the strengthening of the presence of States in providing basic social services, by involving communities, through effective and relevant transnational policies, particularly in border areas;
- Support the three Central Sahelian States cooperation around the operationalization of a cross-cutting vision of the cross-border space and the implementation of cross-border integration programs, by focusing on transport infrastructure to support transboundary mobility as a resilience factor of the population, and the economic and commercial activity.

ANNEX: FOCUS ON THE COVID-19 IMPACT

The COVID-19 crisis has accentuated the drastic decline in family incomes in the Central Sahel. Remittances, which are a significant share of the income of the most vulnerable households and a significant share of the GDP in these countries, have been very strongly impacted by the pandemic and the measures to limit its spread by the Diaspora host countries. These impacts on the most vulnerable households' incomes compromise their ability to continue to pay the access costs (direct or indirect) to basic services. Some children, despite their fragility, will have to spend their days in income-generating activities to financially support their families⁴⁰. If quarantine measures were fairly rapidly lifted, the burden of the pandemic on the regional economies could also have negative impacts on the resources available for basic social services. All basic social services have been heavily impacted by COVID-19 and are likely to remain unchanged long after its passage:

- The increased number of patients affected by COVID-19, particularly those with serious complications, has choked an already strained health system all over the year. The management of this pandemic also risks diverting medical priority from other deadly diseases and undernutrition, such as vaccination. Fears of contamination and travel restrictions have led to a significant decrease in health center attendance and a decline in admissions for nutritional reasons. Measures to limit the COVID-19 spread have exacerbated health and humanitarian supply difficulties. The impact on household incomes has made it more difficult to maintain healthy population diets and optimal infant and young child feeding practices.
- For many households, the COVID-19 pandemic added a new layer of hardship and altered an already severely deteriorated food situation. Consequently, WFP projections indicate that an additional 7.4 million people may be food insecure in the three Central Sahel countries as a result of COVID-19. In Burkina Faso particularly, the COVID-19 impact, combined with growing civil insecurity, has led to a revision of figures, with an additional 1.2 million people becoming food insecure.
- In a Sahelian context already marked by a lack of access to water but also to hygiene (soaps), implementing barrier measures to prevent the COVID-19 spread is particularly delicate.
- COVID-19 has also created additional pressure on an already afflicted educational system. The prolonged closure of schools due to the pandemic puts children at greater risk of abuse, neglect, violence, labor and armed conflicts recruitment with a high likelihood of dropping out of school, especially girls. Very few schools have alternative education systems in the Central Sahel; the most marginalized girls and boys are likely to have difficulty accessing distance learning.
- The COVID-19 crisis has highlighted the need to establish and strengthen social protection systems in order to provide vulnerable households with early support to avoid resorting to negative survival strategies, to ensure continuity of basic services for all, and to mitigate the short-/long-term impact of the pandemic on livelihoods. Burkina Faso was one of the first governments in the region to announce the expansion of social safety nets, coordinated across different ministries, for specific groups affected by the crisis and the economic impact of actions to reverse the spread, including informal vendors in urban areas. Mali is also expanding its pre-existing program to cover additional needs and new target groups.

40 For example, detailed analyses carried out by the Cash Working Group in Mali showed that the COVID-19 crisis increased the lack of coverage of needs by 30% and generated an income decrease of the most vulnerable households from 20 to 25%. According to these data, the amount needed to cover the food deficit of these households fell from \$9 per person per month to \$15 as a result of the COVID-19 impact.